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Other requests shall be referred to HQ 60th Medical Group, (Army), APO 96491.

AUTHORITY

AGO ltr 29 Apr 1980

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CLASSIFICATION CHANGES

TO:

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AGO ltr 29 Apr 1980

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SECURITY

MARKING

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AVCA MB-GD-PO (15 Feb 67)

SUBJECT: ORLL for Quarterly Period Ending 31 Jan 67 (RGS CSFOR 65)

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATING BEDS</u>
<u>93d Evacuation Hospital</u>	Long Binh	400
46th Medical Detachment (KD)	Long Binh	
53d Medical Detachment (KA)	Long Binh	
935th Medical Detachment (KO)	Long Binh	
945th Medical Detachment (KA)	Long Binh	
<u>436th Medical Detachment (CoHo) (AG)</u>	Long Binh	
57th Medical Detachment (RA)	Long Binh	
82d Medical Detachment (RA)	Soc Trang	
254th Medical Detachment (RA)	Long Binh	
283d Medical Detachment (RA)	Long Binh	
<u>61st Medical Detachment (MB)</u>	Long Binh	
<u>45th Surgical Hospital (MA)</u>	Tay Ninh	60

4. New Units

84th Medical Detachment (OA) Bien Hoa
133d Medical Detachment (OA) Saigon
498th Medical Detachment (RB) Long Binh

5. Location and relocation of units

- a. 84th Medical Detachment (OA) Long Binh to Bien Hoa
- b. 133d Medical Detachment (OA) Long Binh to Saigon
- c. 202d Medical Detachment (MA) Locations within Tan Son Nhut
- d. 57th Medical Detachment (RA) Saigon to Long Binh
- e. 283d Medical Detachment (RA) Saigon to Long Binh
- f. 7th Surgical Hospital (MB Army) Intransit Cu Chi to Xuan Loc

6. Units attached to 68th Medical Group for administrative and logistical support.

- a. 38th Medical Detachment (KJ)

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PAGE 1

DEPARTMENT OF THE ARMY
HEADQUARTERS, 68TH MEDICAL GROUP
APO 96491

AVCA 1B-GD-PO

14 February 1967

SUBJECT: Operational Report for Quarterly Period Ending 31 January 1967
(RCS CSFOR65)

TO: SEE DISTRIBUTION

A. COMMAND:

1. The 68th Medical Group and assigned Medical units ^{were} engaged in medical support missions for ~~ninety-two~~ (92) days of the reporting period.
2. External organizations of the 68th Medical Group continue to be under the command of the 44th Medical Brigade.
3. **INTERNAL ORGANIZATION:** The organization of the 68th Medical Group at the end of this reporting period was as follows: (Major subordinate units are underlined). Other units are assigned or attached to major subordinate units.

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATING BEDS</u>
<u>3d Field Hospital</u>	Saigon	327
51st Field Hospital	Saigon	
62d Medical Det (KA)	Saigon	
104th Medical Det (KD)	Saigon	
155th Medical Det (KF)	Saigon	
629th Medical Det (KP)	Saigon	
915th Medical Det (KH)	Saigon	
<u>3d Surgical Hospital</u>	Bien Hoa	60
<u>7th Surgical Hospital (Mbl Army)</u>	Cu Chi	60 (not operational at this time)
45th Medical Detachment (KB)	Cu Chi	

Regraded Unclassified When Separated From Classified Inclosures

Encl 1

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DOWNGRADED AT 3 YEAR INTERVALS;
DECLASSIFIED AFTER 12 YEARS
DCD DIR 5200.10

AVCA MB-GD-PO (15 Feb 67)

SUBJECT: OMB for Quarterly Period Ending 31 Jan 67 (LOG GSEOR 65)

2

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATING BEDS</u>
<u>12th Evacuation Hospital</u>	Cu Chi	260
<u>17th Field Hospital</u>	Saigon	100
<u>24th Evacuation Hospital</u>	Long Binh	200
<u>36th Evacuation Hospital</u>	Vung Tau	400
345th Medical Detachment (MA)	Vung Tau	
872d Medical Detachment (RB)	Vung Tau	
<u>58th Medical Battalion</u>	Long Binh	
50th Medical Company (Clearing)	Long Binh	130
551st Medical Company (Amb)	Long Binh	
616th Medical Company (Clearing)	Long Binh	120
1/616th Medical Company (Clearing)	Phu Loi	40
439th Medical Detachment (RB)	Long Binh	
498th Medical Detachment (RB)	Long Binh	
584th Medical Company (Amb)	Long Binh	
<u>74th Medical Battalion</u>	Long Binh	
2d Medical Detachment (MA)	Saigon	
25th Medical Detachment (MA)	Long Binh	
84th Medical Detachment (OA)	Bien Hoa	
133d Medical Detachment (OA)	Saigon	
202d Medical Detachment (MA)	Tan Son Nhut	
332d Medical Detachment (IB)	Long Binh	
346th Medical Detachment (MA)	Can Tho	
541st Medical Detachment (MA)	Long Binh	
673d Medical Detachment (OA)	Saigon	
229th Medical Detachment (HC)	Long Binh	

AVCA MB-GD-PO (15 Feb 67)

SUBJECT: ORLL for Quarterly Period Ending 31 Jan 67 (RGS CSFOR 65)

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATING BEDS</u>
<u>93d Evacuation Hospital</u>	Long Binh	400
46th Medical Detachment (KD)	Long Binh	
53d Medical Detachment (KA)	Long Binh	
935th Medical Detachment (KO)	Long Binh	
945th Medical Detachment (KA)	Long Binh	
<u>436th Medical Detachment (CoHo) (AG)</u>	Long Binh	
57th Medical Detachment (RA)	Long Binh	
82d Medical Detachment (RA)	Soc Trang	
254th Medical Detachment (RA)	Long Binh	
283d Medical Detachment (RA)	Long Binh	
<u>61st Medical Detachment (MB)</u>	Long Binh	
<u>45th Surgical Hospital (MA)</u>	Tay Ninh	60

4. New Units

84th Medical Detachment (OA) Bien Hoa
133d Medical Detachment (OA) Saigon
498th Medical Detachment (RB) Long Binh

5. Location and relocation of units

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- e. 283d Medical Detachment (RA) Saigon to Long Binh
- f. 7th Surgical Hospital (MB Army) Intransit Cu Chi to Xuan Loc

6. Units attached to 68th Medical Group for administrative and logistical support.

- a. 38th Medical Detachment (KJ)

- b. 946th Medical Laboratory (MOBILE)
- c. 20th Preventive Medicine Unit (Svc)(Fld)(-)

7. MISSIONS:

a. On 1 March 1966, the HHD 68th Medical Group became operational. Its mission is to provide command, control, and administrative supervision of assigned medical units engaged in providing medical support to US & Free World Military Assistance Forces (FWMAF) in Corps Tactical Zones III and IV, Republic of Vietnam. Unit and division level medical service is provided by units with organic medical support. This Group provides required augmentation and back up medical support on unit and area basis.

b. As of this writing the 68th Medical Group provides support to the following combat units:

- (1) 25th Inf Div (-)
- (2) 1st Inf Div
- (3) 9th Inf Div
- (4) 173d Abn Bde (Sep)
- (5) 196th Inf Bde (Sep)
- (6) 199th Inf Bde (Sep)
- (7) 3d Bde, 4th Inf Div
- (8) 11th Armed Cav Regt
- (9) 1st Australian Task Force
- (10) Philippine Civic Action Group
- (11) ARVN units as directed.
- (12) Other tactical and nontactical units upon request.

B. Personnel, Administration, Morale and Discipline

1. Personnel

a. Colonel Charles C. Pixley commanded the 68th Medical Group during the entire report period.

b. A major turnover in key staff personnel occurred in early January 1967 when the staff which brought the unit overseas rotated. All the following personnel had a DEROS of 16 January 1967.

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- (1) LTC Paul W. Hubbard, MSC, Executive Officer
- (2) LTC Boris Georgeff, MSC, S3.
- (3) MAJ Donald A. Amidon, ISC, S4.

c. Replacement key staff personnel were as follows:

- (1) LTC Charles G. Braden, MSC, Executive Officer
- (2) MAJ Harold W. Stocks, ISC, S3
- (3) MAJ Larry J. Lescantz, MSC, S4.

2. Administration

Forty seven (47) assigned units were provided administrative support during the report period. Adequate and effective communications was a continuing problem because of the separation of units. Courier service was used as well as telephonic communications.

3. Morale and Discipline

a. Awards and Decorations.

(1) The following awards and decorations were approved and presented during the period:

- (a) Legion of Merit -3
- (b) Distinguished Flying Cross -13
- (c) Bronze Star -44
- (d) Air Medal -326
- (e) Army Commendation Medal -4
- (f) Purple Heart -1139
- (g) Certificates of Achievement -17

(2) The following awards and decorations have been recommended, and are still pending as of 31 January 1967.

- (a) Legion of Merit -13
- (b) Distinguished Flying Cross -19
- (c) Bronze Star -52
- (d) Air Medal - 104
- (e) Army Commendation Medal -79
- (f) Certificates of Achievement - 35

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b. Courts-Martial

Ten (10) Special Courts-Martial were convened by this headquarters during the period 1 November 66 - 31 January 67. Three (3) Summary Courts-Martial were conducted within the command during the same period.

c. PLANS, OPERATIONS, TRAINING

1. Medical Regulating

a. Inasmuch as inadequate communications prevents this headquarters from properly regulating patients from the point of wounding, a system of priorities of hospitals to which patients should be evacuated has been established for the guidance of aeromedical evacuation units. This system distributes the patient load to the medical facility that is most advantageous to the patients and hospital staffs.

b. Although the 7th Surgical Hospital has yet to become operational, after its relocation, the evacuation scheme is as shown below:

(1) Combat wounded will be medically regulated to the appropriate hospital whenever communications permit.

(2) Priority for evacuating combat wounded from the areas shown below will be to the nearest hospital indicated:

<u>AREA</u>	<u>HOSPITAL</u>
North to East of Saigon (0° to 90°)	3d Surgical Hospital - Bien Hoa *7th Surgical Hospital - Xuan Loc 24th Evacuation Hospital - Long Binh 93d Evacuation Hospital - Long Binh
East to South of Saigon (90° to 180°)	3d Field Hospital - Saigon *7th Surgical Hospital - Xuan Loc 24th Evacuation Hospital - Long Binh 36th Evacuation Hospital - Vung Tau
South to West of Saigon (180° to 270°)	3d Field Hospital - Saigon *7th Surgical Hospital - Xuan Loc 24th Evacuation Hospital - Long Binh 36th Evacuation Hospital - Vung Tau
West to North of Saigon (270° to 360°)	3d Field Hospital - Saigon 12th Evacuation Hospital - Cu Chi 45th Surgical Hospital - Tay Ninh

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(3) An exception to the above is head injuries which will be evacuated to the 3d Field Hospital.

(4) Surgical Hospitals, whenever their patients are ready for further evacuation contact this headquarters (ATTN: S3) for designation of hospital to which patients should be evacuated. Normally, the following flow will prevail:

3d Surgical Hospital	to	93d Evacuation Hospital
*7th Surgical Hospital	to	24th Evacuation Hospital
45th Surgical Hospital	to	12th Evacuation Hospital

* NOTE: 7th Surgical Hospital not operational at this time.

(5) Dispensaries will refer patients to the nearest hospital except that dispensaries in the Long Binh area will refer uncomplicated cases (these patients which are not expected to require more than 7 days in-patient care) to the nearest clearing company (i.e. 50th Clearing Company or 616th Clearing Company). Clinic referrals will also be sent to the nearest hospital having the specialty required to treat the patient.

c. Division and separate brigade clearing stations will refer medical (non-emergency) patients to the hospitals shown:

<u>CLEARING STATION</u>	<u>HOSPITAL</u>
1st Inf Div	93d Evac, Long Binh
3d Bde, 4th Inf Div	12th Evac, Cu Chi
9th Inf Div	24th Evac, Long Binh
11th Armored Cav Regt	24th Evac, Long Binh
25th Inf Div	12th Evac, Cu Chi
173d Abn Bde (Sep)	93d Evac Hosp, Long Binh
196th Inf Bde (Sep)	12th Evac, Cu Chi
199th Inf Bde (Sep)	24th Evac Hosp, Long Binh

2. OPERATIONS

a. Most operations are supported from the "home base" of hospitals and aeromedical evacuation units. However, when a combat unit being supported is over approximately 20 minutes flying time from a hospital, it has been a common practice to attach some surgical capability to the division or brigade clearing station and to place a helicopter on standby at the same location.

3. PRIMARY MEDICAL CARE

Primary medical care is provided on an area basis by dispensary units. The 74th Medical Battalion, a subordinate unit, is responsible for providing this type of support. Assigned to this headquarters are OA, MA, MB and MC Medical Detachments. The commander of the 74th Medical Battalion keeps abreast of population increases and changes to adjust when necessary the area support. Area surgeons are appointed to serve as medical advisers to several geographical area commanders in III Corps Tactical Zone. The area surgeons are also responsible for preventive medicine activities in their area.

4. Ground Ambulance Evacuation

Ground ambulance evacuation is provided by the 58th Medical Battalion, a unit subordinate to this headquarters. The unit has two (2) ambulance companies and two (2) ambulance detachments (RB) assigned. Surface ambulance support is provided on a standby basis at hospitals, dispensaries, and division and brigade clearing stations as required. All surface evacuation from dispensaries to hospitals, between hospitals and from hospitals to air terminals, is provided by these ambulance units. As additional roads become secure, it is envisioned that surface ambulance units will play a greater role in medical evacuation, thereby easing the burden on the aeromedical evacuation units.

D. LOGISTICS

1. During this period three (3) medical units were staged in-country and two (2) are operational.

2. Maintenance, effectiveness and material readiness of these units are reflected by the Command Maintenance Management Inspections. Twenty units were inspected, all received satisfactory ratings.

3. Logistical support in general has been adequate. There have been no Class I, III or V problems. Class II and IV non-medical have been provided by the 506th Field Depot, APO 96307. Class II or IV medical have been supplied by 1st Advance Platoon, 32d Medical Depot, APO 96307. One problem area with medical supplies was the common high-usage items that became nonavailable.

4. Transportation service for movement of units, personnel, and supplies was furnished by units within the 68th Medical Group.

5. Construction, hindered by the lack of material, progressed at a slow rate.

6. Food services teams continually visit subordinate units giving help and advice with food preparation, handling and storage.

AVCA ML-GD-PO (15 Feb 67)

SUBJECT: ORUL for Quarterly Period Ending 31 Jan 67 (MOS CSFOR 65)

SECTION II, PART I
OBSERVATION (Lessons Learned)

A. PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE

1. ITEM: Consolidation of Personnel Records.

DISCUSSION: The 68th Medical Group operated a consolidated personnel section prior to this report period. However, during November 1966 the records from three (3) evacuation hospitals were moved to the personnel section at Group headquarters. A satisfactory system of maintaining liaison between the personnel section and the serviced unit had to be implemented.

OBSERVATION: One individual was designated as the liaison NCO for each unit. However, the system has not been completely implemented as of the close of the report period.

B. OPERATIONS

1. (U) ITEM: Ambulance Bus, 44 passenger, International Harvester.

DISCUSSION: The 68th Medical Group recently had assigned a third Medical Detachment (RE). Each unit has three (3) 44 passenger International Harvester Bus Ambulances. At this writing the utilization of ground ambulance transportation is limited to secure road nets for 3/4 ton ambulances between Tay Ninh-Cu Chi-Saigon-Long Binh Bien Hoa. The ambulance bus has been utilized only for on-post patient shuttle and between Saigon-Long Binh-Bien Hoa.

OBSERVATIONS: Until road conditions improve, both in security and construction, ambulance buses will be of little value in patient movement.

2. ITEM: Aeromedical Evacuation Support in III & IV Corps Tactical Zones.

DISCUSSION: A major problem facing this headquarters is the shortage of helicopter ambulances. The 436th Medical Detachment (Co Hq) (Air Ambulance) is authorized twenty-four (24) aircraft. Operational aircraft has been averaging 18-19 each day.

The 436th Medical Detachment is responsible for evacuation of combat casualties of the combat units listed in Section I Para A7b. This is a larger force than is normally supported by an air ambulance company based on the basis of allocation contained in paragraph 34b, FM 8-16. In addition the 436th provides COMZ type support (e.g. between hospitals, from hospitals to air terminals for off-shore evacuation) and provides backup aeromedical evacuation for ARVN forces.

As the number of simultaneous combat operations increases, becomes dispersed and more distant from the home base of the helicopter detachments, it will not be possible to provide adequate aeromedical evacuation support.

Another factor requiring a higher helicopter utilization rate is the fact that surface ambulances cannot be effectively utilized because of insecure and unavailable roads. Several requests have been submitted by this Headquarters and the 44th Medical Brigade for air ambulance units.

OBSERVATION: It will be several months before another air ambulance company will be sent to Vietnam. At the rate the combat operations are increasing the aeromedical units presently in-country will be pushed beyond their maximum capability and will not be able to effectively perform their assigned mission.

B. OPERATIONS

3. ITEM: Ground Ambulance Evacuation.

DISCUSSION: Tactical units are not utilizing ground transportation for nonurgent patients in those areas with fairly secure road nets. e.g. Dau Tieng, Tay Ninh, Cu Chi, Saigon and other areas. Commanders of tactical units prefer the use of Dustoff or tactical aircraft although ground movement is not medically contraindicated.

OBSERVATION: During recent operations medical aircraft have been only available for urgent mission support. With the acceleration of the war effort and the wider area of coverage to be provided by medical aircraft, ground ambulance movement of nonurgent patients will be required.

4. ITEM: Hospitalization of long term PW patients.

DISCUSSION: USARV Regulation 190-2, para 4b (3)(g) states that "PW's" will be treated by US Medical Facilities until only minimal follow-up medical attention is required or in the case of chronic condition until condition is considered stable". Some examples of chronic conditions are TB, Hemiplegics and traumatic amputees. These patients will require months of hospitalization.

OBSERVATION: Medical treatment facilities in RVN are not equipped nor able to care for patients whose period of treatment prior to stabilization is lengthy or until minimal follow-up treatment.

AVCA MB-GD-PO (15 Feb 67)

SUBJECT: OCM for Quarterly Period Ending 31 Jan 67 (ACS CSFO. 65)

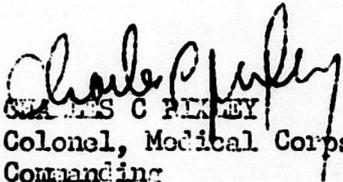
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SECTION II, PART II

RECOMMENDATIONS

1. That **medical** aircraft be utilized on an area coverage basis when the area to be covered is not greater than twenty (20) minutes flying time from the helipad to the patient under normal conditions.
2. That forward tactical units be encouraged to utilize ground evacuation when fairly secure routes are available, lessening the demands on **medical** and tactical helicopters.
3. That one (1) Chinook helicopter be made available to the Surgeon, Field Force II, as a medical priority aircraft, on call to move large numbers of patients **from overloaded hospitals**.
4. That adequate communications equipment be provided **each** medical treatment facility of separate platoon and larger size. Communications must be adequate to reach the next higher headquarters directly or by relay through other medical facilities.

TEL: Long Binh 3326


CHARLES C. RILEY
Colonel, Medical Corps
Commanding

~~1 Incl~~
~~61st Med Det (M) OCM~~ HWR

13
AVCA-MB-PO (8 Feb 67)

1st Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 20 February 1967

TO: Commanding General, 1st Logistical Command, AVCA-GO-O, APO
96307

1. Operational Report - Lessons Learned (HHD 68th Medical Group) for the period ending 31 January 1967, is forwarded in compliance with LC Reg 870-2.

2. Reference to Section II, B4 - do not concur that US military facilities in RVN are not equipped nor able to care for patients whose period of treatment prior to stabilization is lengthy. What this headquarters believes is that it is not realistic to retain any patients, to include PWs, for extensive periods. The primary purpose of hospitals in a combat area is to remain flexible enough to support tactical missions; therefore, hospital beds must be available. However, all medical groups have been informed that PWs, who require further treatment, will remain until further guidelines for repatriation under the Geneva Convention of 1949 have been accomplished.

3. Reference to Section II, Part II - Recommendations of basic report.

a. Paragraph 1 - The new USARV Reg 59-1 that will soon be published states that medical aircraft will be used for area coverage when the distance is 20 minutes flying time from the standby location.

b. Concur in the utilization CH-47 Chinook helicopter as a medical priority aircraft. However, this aircraft should remain under the operational control of the medical group commander supporting the operation or area.

Lynx 382

1 Incl
nc



RAY L. MILLER
Colonel, MC
Commanding

AVCA GO-O (18 Feb 67) 2d Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

TO: Deputy Commanding General, United States Army, Vietnam, ATTN:
AVHGC-DH, APO 96307

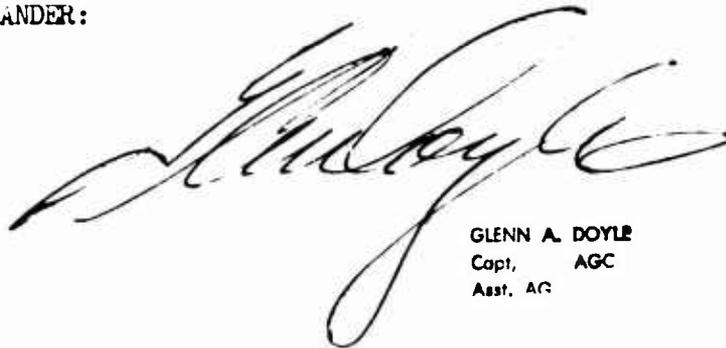
1. The Operational Report - Lessons Learned submitted by the
68th Medical Group for the quarterly period ending 31 January 1967 is
forwarded herewith.

2. Concur with the basic report as modified by the comments
contained in the preceding indorsement. The report is considered
adequate.

FOR THE COMMANDER:

TEL: Lynx 782/430

1 Incl
nc



GLENN A. DOYLE
Capt, AGC
Asst. AG

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AVHQC-DH (13 Feb 67) 3d Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 1 0 APR 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPDP-OT
APO 96558

1. (U) This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 68th Medical Group as indorsed.

2. (C) Pertinent comments follow:

a. (U) Reference Paragraph 1, Part II, Section II, Page 12: This headquarters is revising a regulation on aeromedical evacuation which includes the general statement recommended by the 68th Medical Group.

b. (U) Reference Paragraph 2, Part II, Section II, Page 12: Concur. Tactical units employed should consider the use of ground ambulances in their planning phase. However, insecure ground lines of communications often preclude this method of medical evacuation. As ground lines of communication are opened, more patients will move by ground ambulances, providing their condition permits this mode of transportation.

c. (C) Reference Paragraph 3, Part II, Section II, Page 12:

(1) (U) A study was made at this headquarters concerning a request for the assignment of two (2) Chinook helicopters to each air ambulance company to be used for moving large numbers of patients from crowded hospitals. The request was not favorably considered. The 7th Air Force (903d Air Evacuation Squadron) is responsible for providing in-country evacuation of patients from one US hospital to another. Utilization of the in-country support furnished by the 903d Air Evacuation Squadron should help reduce the workload now experienced by the 436th Medical Detachment.

(2) (C) Helicopters remain in short supply and available replacement aircraft are assigned against losses and to meet the requirements of aviation units activated in CONUS for subsequent deployment to RVN. Current troop programming schedules the deployment of one air ambulance company and four air ambulance detachments to RVN during CY 67. The arrival of these units should help alleviate the existing problem.

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Group 4
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AVHGC-DH (13 Feb 67)

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

d. Reference Paragraph 4, Part II, Section II, Page 12: Requests for additional communications equipment should be submitted in accordance with USARV message AVHGC-OT 19073, 25 March 1967, subject: Changes in Equipment Authorizations.

FOR THE COMMANDER:


JERRY VAN HORN
2LT, AGC
Asst. AG

1 Incl
nc

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GPOP-OT(18 Feb 67)

4th Ind (U)

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR65) - Hq 68th Med Gp

HQ, US ARMY, PACIFIC, APO San Francisco 96558 5 MAY 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:

1 Incl
nc

Revised Index filed when
separated from classified
indicators


R. E. BURCH
LTC, AGC
Asst AG

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